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## BIB DATA SHEET

CONFIRMATION NO. 7886

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/755,037	01/09/2004 RULE	705	4176	04-0100 / 7553.00063	
<b>APPLICANTS</b> Stephen J. Brown, Woodside, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/761,337 01/16/2001 ABN which is a CON of 09/441,408 11/16/1999 ABN which is a CON of 08/784,740 01/16/1997 PAT 6,032,119					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/14/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /S/ND PHONGSVIRAJATI/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> HEALTH HERO NETWORK, INC. 2400 GENG ROAD, SUITE 200 PALO ALTO, CA 94303 UNITED STATES					
<b>TITLE</b> Personalized display of health information					
<b>FILING FEE RECEIVED</b> 1098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	